Office of Labor-Management Standards Washington DC 20210

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Office of Management and Budget No 1215 0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

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| - (| For Official Use Only | | | | |
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| 1 File Number U 10533 | 2. Fiscal Year Covered From | | | |
|--|---|--|--|--|
| | [[]/1]/04 , Through. , 12/31 1/64 | | | |
| 3 Name and address of person filing | 4 Name file number and address of labor organization. | | | |
| Name GAYLOND BICE Jro | Name I.B. F. W. L. U. 688 | | | |
| | Labor Organization File Number [038074 | | | |
| P O Box, Bidg. Room No If any | P O Box, Building and Room Number if any | | | |
| Street 12806 Springmill North Rd | Street 67 South Walnut St. | | | |
| City Shelby , 12. | MANSFIELD | | | |
| State Oh 10 ZIP Code + 4 44875 | State Ohio ZIP Code + 4 44 902 1 | | | |
| 5 Position in labor organization BUSINESS_MANAGEL | | | | |
| Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) | | | | |
| A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | | | |
| 6 Name and address of Employer (including trade name if any). | 7.a Nature of Interest, Transaction, or Income | | | |
| Name | | | | |
| Trade Name If any | | | | |
| P O Box, Bldg. Room No if any | L NONE | | | |
| | 7.b Amount. | | | |
| Street | | | | |
| City | - 0 - | | | |
| State ZIP Code + 4 | | | | |
| Signature | | | | |
| 15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.) | | | | |
| Signed Daylord Rue fr. | On 8-15-05 49-747-5029 Date Telephone Number | | | |

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| B Held an Interest in or derived income or eco dic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested | | | | | |
| 8 Name and address of Business (Including trade name If any) Name BEW 4588 Anuitty Fund Trade Name If any PO Box, Bidg Room No If any | 9 Business deals with a. Labor Organization b. Trust c. Employer | | | | |
| Street 67 S Waluct St. City Mansfield State 6A ZIP Code +4 44902 | | | | | |
| 10 If 9.b or 9.c. is checked give trust or employer's name Name Trade Name if any P D Box, Bldg., Room No., If any | 11 a. Nature of such dealing. - IBEW. 688 annuity fond 159 defined benefit contribution fund for individuals who are members of IBEW Local 688 (Labor Drg) | | | | |
| Street ZiP Code + 4 | 11.b Approximate dollar value of such dealing 12 a. Nature of interest held or income received | | | | |
| | 12.b Amount. | | | | |
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | | | | | |
| 13.a Name and address of Employer or Labor Relations Consultant (including trade name. If any). | 14.a Nature of payment. | | | | |
| Name | | | | | |
| Trade Name If any | NONE | | | | |
| P O Box, Bldg Room No if any Street City ZIP Code + 4 | 7 | | | | |
| 13.b Is the Business an Employer or Consultant ? | 14.b Amount of payment. | | | | |